

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000096432

1. Corporation Name

PEMBROKE MANAGING AGENTS, INC.

Principal Place of Business

1415 EAST PIEDMONT DRIVE  
SUITE 2  
TALLAHASSEE FL 32308

Mailing Address

POB 14075  
SUITE 2  
TALL FL 32317  
US

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90066 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

59-3480279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3522 Thomasville Rd

26 P O Box 13298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip Country

Zip Country

24 32312

25 USA

29 32317-3298

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, TRAVIS L  
106 EAST COLLEGE AVE  
SUITE 1200  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HYNES, KEITH STEVEN  
STREET ADDRESS 5 PAMPAS LANE  
CITY-ST-ZIP SMITHS PARISH, BERMUDA FLO5

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME RIKER, WILLIAM L  
STREET ADDRESS 6 PAMPAS LANE  
CITY-ST-ZIP SMITHS PARISH, BERMUDA FLO5

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME NICHOLS, JOHN D  
STREET ADDRESS 35 SKYLINE DRIVE  
CITY-ST-ZIP SMITHS PARISH, BERMUDA FLO8

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME STANARD, JAMES N  
STREET ADDRESS 15 ARDSHEAL DRICE  
CITY-ST-ZIP PEGET, BERMUDA PG06

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME RICKER, ROBERT L  
STREET ADDRESS 1750 MARSTON PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32312

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CVO  
NAME MCCONNELL, JOHN D  
STREET ADDRESS 3275 MAJESTIC PRINCE TR  
CITY-ST-ZIP TALL FL 32308

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT L. RICKER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

894-2777

CR2E034 (11/98)